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ABSTRACT

This brief booklet discusses the characteristics, causes, and treatments of attention deficit disorders with hyperactivity. Although children with this condition may be overly active, fidgety, distractible, aggressive, impulsive, and have difficulty learning, the primary problem is their inability to concentrate and pay attention. The exact origin of attention deficit disorders is unknown, and no single cause has been established, although it has been ascribed to genetic, biological, physiological, social, and environmental factors. While there is no "cure" for this disorder, management of attention deficit disorders has involved a variety of methods. Psychoactive drugs (particularly stimulants) have been used with some success. Tranquilizers are also prescribed, but their effectiveness is more questionable. Diet treatment excludes all foods and medicines containing artificial flavorings, colorings, and salicylate (a type of salt) from the child's diet. Psychological interventions have included family therapy and behavior modification techniques. Parents should be active in helping their child through thorough, open discussions with doctors and teachers about management techniques used at home. Children with attention deficit disorders may "grow out" of their disability, but underachievement and school failure occurring before intervention may cause poor self-esteem and other problems which could remain with them throughout their adult lives. (CB)

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Helping the Hyperactive Child

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Texas Department of Mental Health and Mental Retardation

The situation

Mark cannot sit still. At school he frequently does not complete his assignment. Often he is running around the classroom, disrupting other students with his incessant talking and clowning around. Mark acts impulsively, often leaving the room without the teacher's permission. His impatience and frequent temper tantrums make it difficult for him to keep friends. Although he has above-average intelligence, Mark has trouble with his reading and writing, often reversing letters (b = p) and words (cat = tac).

Mark has similar problems at home. He constantly fights with his younger sister, rides his bicycle recklessly, has difficulty catching a ball and has trouble sitting through a television program. Because Mark has experienced few successes—academically as well as socially—he has begun to develop a poor opinion of himself.

Identifying the problem

Children like Mark—who are behaviorally overactive, fidgety, distractible, aggressive, impulsive and have difficulty learning—may have any of a number of childhood problems.

At the same time, one must remember that fidgety, overactive behavior is normal for most children under five. In older children, behavioral overactivity may reflect the effects of family stress, marital discord and other purely environmental factors.

The recent edition of the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* (DSM-III) no longer includes hyperkinesis and minimal brain dysfunction, commonly referred to as "hyperactivity," as diagnostic categories. Reflecting progress in research, *DSM-III* lists the diagnoses pertinent to children like Mark as *attention deficit disorders* and classifies them as follows: attention deficit disorder without hyperactivity (ADD) and attention deficit disorder with hyperactivity (ADDH).

The change recognizes that behavioral overactivity is not the primary problem of children like Mark. The primary problem is their inability to concentrate and pay attention.

What causes ADD?

The exact origin of ADD is unknown—no single cause has been established. The disorder has been ascribed to genetic, biological, physiological, social and environmental factors.

Although there are many theories about the causes, hard evidence is scarce. For example, there is little evidence to support the theory of

brain damage as a major cause. Since research has shown that the parents of ADD children were themselves diagnosed hyperkinetic, it may be that certain children inherit a predisposition for ADD.

Other possible causes cited by various investigators include food additives, radiation leaks from television sets or fluorescent lights, lead poisoning, vitamin deficiencies and complications of pregnancy, including premature birth. Other investigators attribute ADD to parent-child relationships or to classroom teaching techniques. Others theorize that the disorder develops only from a combination of certain genetic, environmental or neurological or biochemical contributors.

Current knowledge about the causes of ADD emphasizes the need for thorough diagnostic evaluations before any treatment is undertaken. A child with behavior problems may not have ADD. Instead the child may be suffering from poor eyesight or hearing, allergies, improper nutrition, a chaotic home environment, physical diseases or emotional disorders. Much of the disagreement about the causes, prevalence and treatment of ADD occurs because many children are assigned the diagnostic label without proper diagnostic evaluations.

How is ADD treated?

There really is no "cure" for ADD. While research continues to seek an understanding of the underlying causes, treatments have been developed to provide relief of the symptoms. Management of the condition may involve a variety of methods.

Medication: If a child has been diagnosed as having ADD, a physician may prescribe a "psychoactive" drug (a drug which acts primarily to affect mood, thinking processes and behavior). The most effective medications, to date, are the stimulants. Administered properly, these drugs produce favorable therapeutic results in 70 to 80 percent of children with ADD. A commonly held belief is that these drugs have a "paradoxical" effect in children, i.e., the drugs stimulate adults and calm children.

Recent research has shown that, given equivalent dosages, normal adults and hyperactive children respond in much the same way: both exhibit improved attention spans and task performance. With medication, the children, no longer driven by their impulses, are more able to control their

behavior. As a result, they frequently get along better with their peers and, therefore, increase their self-esteem. In school their attention and concentration are better. Teachers frequently report that learning performance improves. The effects of medication also make the child more accessible to other forms of treatment such as special education procedures and counseling.

While stimulants generally are safe, their main side effects—insomnia, appetite loss and, in some cases, irritability, stomachaches or headaches—can be controlled by reducing the dosage and changing the time of day the drug is given.

A few fears have been expressed about the long-term use of medication in children. Some parents fear drug taking by their children will lead to dependency or drug abuse in adolescence or adulthood; others fear the drugs may be toxic. While these fears are understandable, the majority of research studies do not support them. Of course, any type of medication must be used with caution, and children who are taking medications prescribed by a physician should be supervised and taught proper respect for the potency of drugs.

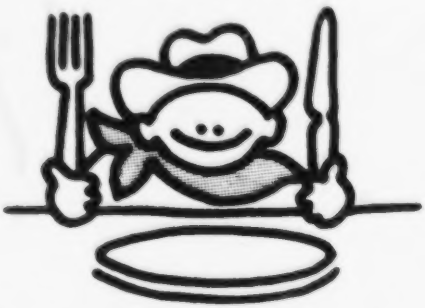
Reports that stimulants cause growth suppression are not yet proven. It is prudent for the physician to monitor the height and weight of the child at fairly regular intervals (i.e. about twice a year). The physician also should observe the child during "drug-free" periods such as summer vacation. During this time, the physician can reevaluate the child's need to continue medication or determine if dosages should be adjusted.

Stimulants are the physician's first choice of drugs when medicating a child with ADD. If a child does not show improved behavior after a week or two or if side effects such as insomnia persist, other types of medication sometimes are prescribed instead of, or concurrently with, stimulants.

These include "major" tranquilizers, "minor" tranquilizers, antidepressants or antihistamines.

Little systematic research has been done with the minor tranquilizers or the antihistamines, and, to date, the usefulness of these drugs is questionable. The major tranquilizers and antidepressants have been shown to be somewhat helpful, particularly for reducing hyperactive behavior, but not as effective as stimulants.

Furthermore, the side effects of the major tranquilizers and antidepressants may be more severe than those of stimulants. Also, high dosages tend to reduce a child's ability to learn tasks which require sustained attention and, therefore, should be prescribed and monitored with great care. Finally, though drugs can be helpful for concentration problems, behavioral overactivity may respond best to a good behavioral management program.



Diet: A somewhat new and still controversial therapy for ADD includes a special diet advocated by Ben Feingold, M.D., allergist and pediatrician with the Kaiser-Permanente Medical Center of San Francisco. This diet has strong appeal to parents who are unhappy about the use of medication for ADD. It excludes all foods and medicines containing artificial flavorings, colorings and an ingredient called salicylate (a type of salt) from the child's

diet. Examples of foods eliminated from the child's diet are ice cream, bakery goods, luncheon meats, tea, powdered drink mixes and other soft drinks. Some fruits and vegetables which are forbidden are blackberries, grapes, raisins, currants, peaches, strawberries, tomatoes and cucumbers. Artificially flavored and colored medicines and vitamins are also excluded, as is common aspirin.

While Dr. Feingold has reported that, from his clinical experiences, some 30 to 50 percent of children with ADD show improvement with this diet, it is important to realize that its usefulness for treating ADD still is being studied. Parents are encouraged to consult with their child's physicians before the child undertakes such a diet, particularly since it may reduce the intake of certain important vitamins. However, parents should know that recent research by the National Instititute of Mental Health has not shown diets to be particularly effective for ADD.

Psychological interventions: Some parents have found it useful to combine drug treatment for the child with a program such as family counseling or behavior modification. While individual psychotherapy is generally of little benefit to the child, therapy for both the child and parents can be helpful. By counseling, the therapist may help the parents to understand and deal more effectively with their child's problem.

Also, with the help and guidance of a competent therapist, parents can try one of many behavior modification techniques in learning to work better with their ADD child. Behavior modification typically involves rewarding desirable behavior and ignoring undesirable ones. A few examples follow:

Tommy's parents have set up a system of "token" rewards to assist him in controlling his behavior. Tommy, when he acts appropriately—by sitting quietly at the dinner table,

for example—is rewarded with a token (coin). Tommy works to accumulate these tokens, which are later exchanged for a desired item and activity such as a special dessert or a trip to a favorite sporting event.

Bobby's parents have found a way to deal with his sloppiness, particularly his messy, unkept room. Mom, Dad and Bobby have established a "contract" (usually a written agreement). All have agreed that if Bobby keeps his room neat for one week he will be given the special privilege of staying up later to watch a well-liked television program. But if Bobby does not clean up his room as he agreed to do, he is made to "overcorrect" his behavior. That is, he not only cleans up his own room, but also helps his sister and brother straighten up theirs.

Karen's parents use several techniques to help her control her behavior. First of all, they make sure they always praise her good behavior, especially after she has been punished for being bad and later acts appropriately. They also have used "modeling" techniques whereby they encourage her to imitate the good behavior of her friends and her favorite characters on television and in books.

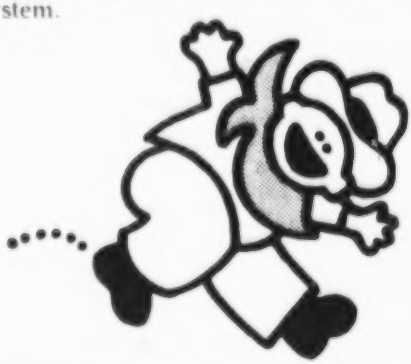
Some other ways to help: Because of behavior, a hyperactive child may be in constant trouble both at home and in school. The child may be described as "bad." This label, in turn, leads the child to develop a poor self-image. Parents can help children feel better about themselves if they learn effective ways of dealing with their behavior.

For example, parents can help a child experience success by assisting in the completion of a small project such as a puzzle. They can help the child learn to control impulsiveness by closely supervising activities. Setting limits and making and enforcing rules can assist the child in gaining self-control. Overactive behavior may be channeled into sports activities such as wrestling and swimming. To cope with short attention span and inability to complete tasks, they may divide a child's work into small units and praise him as he finishes each part of the task. Parents can also assist by sharing the children's interests and by helping them with their schoolwork.

Dr. Domeena Renshaw, in *The Hyperactive Child*, offers 18 suggestions to people who deal with hyperactive children: Be consistent in rules and discipline; speak quietly and slowly; keep emotions "cool"; brace for expected turmoil; avoid a ceaselessly negative approach such as "Don't" or "Stop"; separate disliked behavior from the child (i.e. say: "This is bad behavior," not "You are a bad child."); have a clear routine for the child; demonstrate new or difficult tasks; try a separate room or part of a room which is the child's own special area; let the child perform one task at a time; give the child responsibility; become familiar with pre-explosive warning signals; restrict playmates to one or, at the most, two at a time; do not pity, tease, be frightened by or overindulge the child; know the name and

dose of the child's medicines; openly discuss with the physician any fears about the use of medications; lock up all medications; always supervise the taking of medication; and share successful techniques with the child's teacher.

School: In addition to some of the previously mentioned techniques, helping the child with ADD at school sometimes involves special education and tutoring. Because learning problems *may* indicate an ADD child, it is important that parents, teachers, physicians and school counselors consult about special education opportunitities available within the child's school system.



What does the future hold for the child with ADD?

There are differing opinions about what the future holds for the child with ADD. The comprehensive, long-term studies needed to forecast the child's future adjustment still are under way, and much more needs to be learned before predictions can be made with any accuracy.

Some early studies have shown that, while overactivity tends to diminish in adolescence, the adolescent with ADD still may be noticeably more restless, impulsive, distractible and emotionally unstable than his peers.

Underachievement, difficulties in focusing attention and poor self-esteem may remain major problems even into adulthood, increasing vulnerability to delinquency, alcoholism and mental illness.

Some clinicians believe that the future of the child with ADD may be determined by whether or not the child receives *early* treatment. They reason that treatment which permits the child to exercise improved self-control will strengthen the child's self-image and reduce the risk of future problems. However, some clinicians believe treatment at any age is useful, and investigation into the effectiveness of treating adolescents and adults now is taking place.

On the other hand, there is some evidence that the flexibility and independence often found in adult life may be more compatible for the individual with ADD than the restricted world of childhood. In some cases, ADD behaviors, which cause problems during youth, become assets in later life. Follow-up research has shown that a number of adults who were hyperactive as children are lively, energetic extroverts who function successfully in jobs that allow flexibility and individual freedom and which require endless energy, an outgoing manner and spontaneity.

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Adapted from a National Institute of Mental Health publication.

Where you can obtain additional assistance

Organizations that can help in locating services for a child with special problems include the Association for Children With Learning Disabilities, 5225 Grace Street, Pittsburgh, PA 15236, and Closer Look, Box 1492, Washington, DC 20013. Other diagnostic sources are staff at outpatients' clinics of children's hospitals, university medical schools and local community mental health clinics.

For more information on attention deficit disorder, contact Jack M. Fletcher, Ph.D., Developmental Neuropsychology, Texas Research Institute of Mental Sciences, 1300 Moursund, Houston, TX 77030.

Other Publications

Other children-related publications available from Public Information Services, Texas Department of Mental Health and Mental Retardation, P.O. Box 12668, Austin, TX 78711, are:

- *The Angry Child*
- *Facts About Raising Children*
- *Facts About Adolescence*
- *Mental Health of Children*
- *Facts About Learning Disorders*

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